



Please fill out the Scholarship Recipient Information below and send to:

BCJLS
RE: Scholarship Recipient Information
P.O. Box 1193
Adkins, TX 78101

Scholarship Recipients Name: _____

Phone Number: _____

Email Address: _____

Student ID or Account Number: _____

University or College Name and Address to send Scholarship funds:

Please attach a copy of Student Registration/Schedule to back of this sheet. Copy of the class schedule should be in the Scholarship Recipients name and college ID that shows enrollment.